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May 04, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000090433

1. Corporation Name  
SEMINOLE SCRAP CORPORATION

Principal Place of Business  
2090 PALM BEACH LAKES BOULEVARD  
SUITE 800  
WEST PALM BEACH FL 33409

Mailing Address  
2090 PALM BEACH LAKES BOULEVARD  
SUITE 800  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/20/1997

4. FEI Number  
65-0789786

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 580 Village Blvd.  
22 Suite 160  
23 West Palm Beach, FL 33409

2a. Mailing Address  
2a 580 Village Blvd.  
2b Suite 160  
2c West Palm Beach, FL 33409

24 Zip 25 Country

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES V ESQ  
2090 PALM BEACH LAKES BOULEVARD  
SUITE 800  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Jeanne Odom Conway, Esq.  
82 580 Village Blvd., Suite 160 Acceptable  
83 West Palm Beach, FL 33409  
84 City 85 FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99  
DATE

12. OFFICERS AND DIRECTORS  
TITLE PTD  
NAME CHILLINGWORTH, CHARLES C  
STREET ADDRESS 2090 PALM BEACH LAKES BOULEVARD, SUITE 800  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE S  
NAME FEKETE, HELEN K  
STREET ADDRESS 2090 PALM BEACH LAKES BOULEVARD, SUITE 800  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME 580 Village Blvd.  
2.3 STREET ADDRESS Suite 160  
2.4 CITY-ST-ZIP West Palm Beach, FL 33409

3.1 TITLE PTD  
3.2 NAME Norman J. Birmingham  
3.3 STREET ADDRESS 10250 NW 52nd Street  
3.4 CITY-ST-ZIP Coral Springs, FL 33076

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 561-640-6000  
Date Daytime Phone #

CR2E034 (1/98)